

## BOARD OF BARBERING AND COSMETOLOGY P.O. BOX 944226

SACRAMENTO, CA 94244-2260 INFORMATION: (916) 445-7061 FAX (916) 445-8893



## **PLEASE PRINT OR TYPE**

First Name Middle		e Initial	Last	
Address	City		State	Zip Code
Social Security Number		Daytime Phone Number		
		( )		
License Type (Check all that apply):		License Number(s):	Expiration	n Dates(s):
☐ Barber				
Cosmetology:				
field(s) of specialty				
☐ Electrology				
☐ Esthetician				
☐ Instructor				
☐ Manicurist				
Are you certified by the Bureau for Private Postsecondary Vocational Education (BPPVE) in				
the licensed category/categories you checked above?				
Vos	: <b></b>	No □		
163	• Ш	NO L		
Are you currently working as a licensed profession in the barbering, cosmetology, or				
electrology industry? If so, generically indicate your workplace (i.e., school, salon, movie				
set, etc.) Yes 🗆		No □		
Are you currently teaching in a school? (LICENSED OR CERTIFIED INSTRUCTORS ONLY)				
Yes		No □		
163	ш	NO L		
What days would you be evailable to posticipate in a wester and				
What days would you be available to participate in a workshop?				
Sunday □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □				